

CHAPTER 9
FEES FOR SPECIAL PRODUCTS OR SERVICES
EXHIBIT 9-2

ANNUAL REPORT OF USER FEES
FISCAL YEAR _____

ORGANIZATION: _____ LINE/STAFF OFFICE: _____ DATE: _____

Product/Service	Approved	Fee Basis	Unit Price		Fees Collected	Number of Transactions
	Unit Price		Review Date	Supv. M&B		

I certify that user charges for ____ (Line/Staff Office) ____ programs have been reviewed at least biennially in accordance with the requirements of OMB Circular A-25 and in accordance with Department of Commerce policy contained in the Handbook of Accounting Principles and Standards, Chapter 11. As a result of this review, I provide assurance that existing charges have been adjusted to reflect unanticipated changes in costs or market values and that all ____ (Line/Staff Office) ____ programs have been reviewed to determine whether fees should be assessed for any goods or services to the public as part of the program.

(Signature) _____
Chief Financial Officer/Management and Budget Chief Date
(Line/Staff Office)

Direct questions concerning additional information and supporting documentation for these reviews to:

_____ at: email _____ or Phone _____